

TOWN OF ORCHARD PARK COMPOST FACILITY

Returning quality products back to nature in an environmentally friendly way

Compost Facility
6909 Milestrip Road, Orchard Park, New York 14127
Phone (716) 667-6066

Frederick J. Piasecki, Jr., Compost Facility Director
4350 South Taylor Road, Orchard Park, New York 14127
Phone (716) 662-6442 Fax (716) 662-6457

February 27, 2018

NYS Department of Environmental Conservation
270 Michigan Avenue
Buffalo, New York 14203-2999

Attention: Peter Grasso

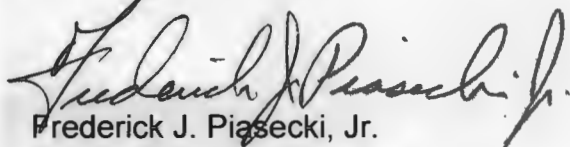
Reference: Annual 2017 Report (Land Clearing Debris Landfill) Orchard Park Compost Facility

Dear Mr. Grasso,

Enclosed is our annual 2017 report for the Orchard Park Compost Facility.

Should you have any questions concerning this report, please do not hesitate to call me.

Sincerely,


Frederick J. Piasecki, Jr.
Compost Facility Director

Cc: NYSDEC Division of Materials Management
Bureau of Permitting and Planning

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

Submit the Annual Report no later than March 1, 2018. This

annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Orchard Park Compost Facility			
FACILITY LOCATION ADDRESS: 6909 Milestrip Rd	FACILITY CITY: Orchard Park	STATE: NY	ZIP CODE: 14127
FACILITY TOWN: Orchard Park	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: (716) 667-6066	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northeast-Southtowns Solid Waste Management (NEST)			NYSDEC REGION #: 9
360 REGISTRATION DATE ISSUED: 4-1-2013 9-1460-00139/00001		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 15D47	
FACILITY CONTACT: Dennis Haas	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 667-6066	CONTACT FAX NUMBER: (716) 667-6067
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Orchard Park	OWNER PHONE NUMBER: (716) 662-6442	OWNER FAX NUMBER: (716) 662-2187	
OWNER ADDRESS: 4295 South Buffalo ST	OWNER CITY: Orchard Park	STATE: NY	ZIP CODE: 14127
OWNER CONTACT: Frederick J. Pasacki, Jr.	OWNER CONTACT EMAIL ADDRESS: OPHighway@OrchardParkNY.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2017? Yes; Complete this form.

No; Complete and submit Sections 1 and 7. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

SECTION 2 – LAND CLEARING DEBRIS (LCD) DISPOSED

Provide the tonnages of land clearing debris disposed. DO NOT REPORT IN CUBIC YARDS!

N/A

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

____% Scale Weight

____% Estimated

____% Truck Count

____% Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Disposed For Year	N/A
Daily Average (Tons)	

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the service area of the material. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (LAND CLEARING DEBRIS (LCD) DISPOSED). DO NOT REPORT IN CUBIC YARDS!

1) *Direct hauled from the generator of the material.* In the case where the material is hauled to your facility from the generator (i.e. hauled from residences, job sites, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) *Sent to your facility from another solid waste management facility.* Material may be sent to your facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

Specify transport method and percentages of total waste transported by each:

_____ % Road _____ % Rail
 _____ % Water _____ % Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

SERVICE AREA OF MATERIAL RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Land Clearing Debris					
Other (specify)					
TOTAL RECEIVED (tons):					N/A

SECTION 4 - OPERATIONS

Estimated time remaining before closure 13 years

Does this facility accept exempt materials (i.e. recognizable uncontaminated concrete and concrete products, asphalt pavement, brick, glass, soil or rock)? _____ Yes No

SECTION 5 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 6 - PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

